

**City of Yucaipa
Request of Accommodation Form**

**Title II of the Americans with Disabilities Act
Section 504 of the
Rehabilitation Act of 1973**

Instructions: Please fill out this form completely, using black ink or typing (PDF). Sign and send it to the address on the bottom of the page.

Reporting Individual:	
Name and Address:	
City/State and Zip Code:	
Telephone Number:	
Email Address:	
Service, Program, of Facility Requiring Accommodation:	
Name of Service/Program/Facility:	
Address:	
City/State and Zip Code:	
Telephone Number:	
Date of Incident or Discovery:	
Describe the reason for requiring the requested accommodation (please feel free to use additional attachments as necessary):	
Action Taken (For Office Use Only):	
Date of Action:	
Signature of Reporting Individual:	
Date:	